FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 14 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J22045** **(5)**

1. Corporation Name

FIRST ASSOCIATES FINANCIAL, INC.

300001457419
-04/17/95--01001--003
DO NOT WRITE IN THIS SPACE ****200.00

Principal Place of Business	Mailing Address
3900 NORTHDALE BLVD STE 133W TAMPA FL 33624 US	~~3900 NORTHDALE BLVD~~ ~~STE 133W~~ ~~TAMPA FL 33624~~ US

3. Date Incorporated or Qualified: **06/27/1986**
3a. Date of Last Report: **04/13/1994**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: County 25:

2a. Mailing Address
26: **300 Fourth Avenue**
Suite, Apt. #, etc.
27:
City & State
28: **Pittsburgh, PA**
Zip 29: **15278** County 30: **USA**

4. FEI Number: **59-2688405** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
8751 WEST BROWARD BOULEVARD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	MERCER, ROBERT C. J	12 NAME	Mercer, Robert C., Jr.	
STREET ADDRESS	116 ALLEGHENY CENTER MALL	13 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	AMY, JOSEPH W.	22 NAME		
STREET ADDRESS	INTEFRA FINANCIAL, 300 FOURTH AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA	24 CITY-ST-ZIP		
TITLE	~~VAS~~	31 TITLE	SV/T	☐ Change ☒ Addition
NAME	~~BLAIR, PHYLLIS~~	32 NAME	Lulich, Timothy C.	
STREET ADDRESS	~~3903 NORTHDALE BLVD, SUITE 133~~	33 STREET ADDRESS	300 Fourth Avenue	
CITY-ST-ZIP	~~TAMPA FL~~	34 CITY-ST-ZIP	Pittsburgh, PA 15278	
TITLE	SV	41 TITLE		☐ Change ☐ Addition
NAME	FERRELL, FORREST E	42 NAME		
STREET ADDRESS	116 ALLEGHENY CENTER MALL	43 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA	44 CITY-ST-ZIP		
TITLE	SVS	51 TITLE		☒ Change ☐ Addition
NAME	MINOR, LAIRD E	52 NAME		
STREET ADDRESS	~~MINOR, LAIRD E~~	53 STREET ADDRESS	116 Allegheny Center Mall	
CITY-ST-ZIP	PITTSBURGH PA	54 CITY-ST-ZIP		
TITLE		61 TITLE	C/D	☐ Change ☒ Addition
NAME		62 NAME	Golonski, Thomas	
STREET ADDRESS		63 STREET ADDRESS	Four PPG Place	
CITY-ST-ZIP	4-14-95 MS	64 CITY-ST-ZIP	Pittsburgh, PA 15222	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: _____ Laird E. Minor, Secretary 4/10/95 (412) 442-3780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000870 CP